Division of Program Compliance - Audits Branch 1600 9th Street, Suite 410, Sacramento, CA 95814 (916) 651-3902, FAX (916) 651-3930

September 23, 2009

Cheryl L. Duerksen, Ph.D. Director of Mental Health Tulare County Health and Human Services Agency 5957 South Mooney Boulevard Visalia, CA 93277

Dear Dr. Duerksen:

AUDIT REPORT – TULARE COUNTY HEALTH AND HUMAN SERVICES AGENCY

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Tulare County Health and Human Services Agency for the fiscal period July 1, 2004 to June 30, 2005. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and State General Fund under EPSDT program (Schedule 1) represents the actual net program costs allowable under the above mentioned statutes.

The effect of this revised allowable program cost is as follows:

Net Program Costs

	<u>Settled</u>	<u>Allowed</u>	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$ 8,969,972	\$ 9,724,260	\$ 754,288
Federal Share of Healthy Families/Medi-Cal	\$ 668,061	\$ 580,389	\$ (87,672)
State General Funds EPSDT Due State	\$ 3,431,788	\$ 3,826,269	\$ 394,481

If you disagree with any of the results of this audit, you may request an informal appeal conference.

Cheryl L. Duerksen, Ph.D. Director of Mental Health September 23, 2009 Page Two

This request must be in writing and received by the Department of Health Care Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to John Melton, Acting Chief, Administrative Appeals, Office of Legal Services, Department of Health Care Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

WALTER J. HILL, JR., MBA, EA

Chief of Audits

Enclosures

Certified Mail

TULARE COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2005

			As Settled	Audit Adjustments	As Audited
NET REIMBURSABLE MEDI-CAL					
PROGRAM COSTS					
COUNTY PROVIDERS					
MEDI-CAL - FFP	(Sch. 2a)	\$	4,283,392 \$	814,871 \$	5,098,263
HEALTHY FAMILIES - FFP	(Sch. 2a)		102,722	(141)	102,581
TOTAL FFP - COUNTY PROVIDERS		\$ _	4,386,114 \$	814,730 \$	5,200,844
CONTRACT PROVIDERS					
MEDI-CAL - FFP	(Sch. 3b)	\$	4,686,580 \$	(60,583) \$	4,625,997
HEALTHY FAMILIES - FFP	(Sch. 3b)		565,339	(87,531)	477,808
TOTAL FFP - COTRACT PROVIDERS		\$	5,251,919 \$	(148,114) \$	5,103,805
TOTAL FFP - COUNTY PLUS CONTRACT	T PROVIDERS				
MEDI-CAL - FFP		\$	8,969,972 \$	754,288 \$	9,724,260
HEALTHY FAMILIES - FFP			668,061	(87,672)	580,389
TOTAL FFP - COUNTY PLUS CONTRAC	T PROVIDERS	\$	9,638,033 \$	666,615 \$	10,304,649
SUMMARY OF STATE GENERAL FUNDS					
EPSDT - SGF	(Sch 4)	\$	3,431,788 \$	394,481 \$	3,826,269

Note:

The As Settled amount includes a refund of \$491 to the State subsequent to the initial EPSDT settlement. (Refer to Adjustment 129 and Management Comment No. 8)

TULARE COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2005

COUNTY OPERATED FEDERAL

	·					Audit		
			_	As Settled		Adjustments		As Audited
<u> Fotal</u>	Medi-Cal Gross Reimbursement							
1. li	npatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$	0	\$	0	\$	0
2. C	Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)		5,777,097		1,424,293		7,201,390
3. E	nhanced SD/MC (Children) - 1/P	(MH1968, Ln 16, 16A)		0		0		0
4. E	nhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)		0		5,796		5,796
5. E	nhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)		0		0		O
6. E	nhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)		0		0		0
7. H	lealthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)		0		0		0
8. J	lealthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)		65,533		11,111		76,644
9. T	otal		\$ =	5,842,630	\$_	1,441,200	\$ =	7,283,830
ess:	Patient & Other Payor Revenues							
0. Ir	npatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$	0	\$	0	\$	0
1. C	Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)		68,618		303		68,921
2. E	nhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)		0		0		C
3. E	nhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)		0		0		C
4. E	nhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)		0		0		0
5. E	nhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)		0		0		0
6. ⊢	lealthy Families Patient-Revenue-I/P	(MH-1968, Ln 31)		0		0		0
7. H	lealthy Families Patient Revenue-O/P	(MH 1968, Ln 31)		0	_	0	_	
8. T	otal		\$=	68,618	\$_	303	\$_	68,921
1edi-	Cal Net Reimbursement for Direct Services							
9. lr	patient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$	0	\$	0	\$	0
0. O	utpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)		5,708,479		1,429,786		7,138,265
1. E	nhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)		0		0		0
2. E	nhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)		0		0		0
3. H	lealthy Families-I/P	(Ln 7 - Ln 16)		0		0		0
4. H	lealthy Families-O/P	(Ln 8 - Ln 17)		65,533	_	11,111	_	76,644
5. T	otal		\$ _	5,774,012	\$_	1,440,897	\$_	7,214,909
1edi-	Cal MAA Reimbursement							
6. Se	rvice Functions 01-09	(MH1979, Ln 11, Col. A)	\$	0	\$	0	\$	0
7. Se	rvice Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)		0		0		0
8. Se	rvice Functions 21-19	(MH1979, Ln 13, Col. A)		0	_	0	_	0
9. To	otal		s ⁻	0	s	0	· s –	0

TULARE COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2005

<u>(</u>	COUNTY OPERATED FEDERAL		_	As Settled		Audit Adjustments	_	As Audited
A	Amount Negotiated Rates Exceed Cost							
3	30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$	0	\$	0	\$	0
3	31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)		0		0		0
3	32 Enhanced SD/MC (Refugees)-1/P	(MH1968, Ln 39)		0		0		0
3	33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)		0		0		0
3	34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)		0		0		0
3	35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	_	0	_	0	_	0
3	36. Total		\$=	0	\$ =	0	\$ =	0
N	Medi-Cal Administrative Reimbursement							
3	37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$	2,521,494	\$	197,550	\$	2,719,044
3	38. Medi-Cal Administration	(MH 1979, Ln 5)	s ⁻	2,669,409	\$	57,407	\$	2,726,816
3	39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	\$ =	2,521,494	\$=	197,550	\$ <u>_</u>	2,719,044
ŀ	Healthy Families Administrative Reimbursement							
	40. Healthy Families Administrative Reimbursement Lin	nit (MH1979, Ln 8)	\$	93,529	\$	(12,356)	\$	81,173
	41. Healthy Families Administration	(MH1979, Ln 9)	s ⁻	92,500	\$		\$	121,279
	42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	\$_	92,500	\$	(11,327)	\$_	81,173
) ,	Militarita i Davian Daini kumasa							
	Utilization Review Reimbursement	(MH1070 Lp.14 Col. D)	e	186,539	\$	369	\$	186,908
	43. Skilled Professional	(MH1979, Ln 14, Col. D)	=		=		=	
4	44. Other Medi-Cal Ų.R.	(MH1979, Ln 15, Col. D)	\$ =	57,002	• • =	113	•=	57,115
	Net SD/MC Reimbursement - FFP							
4	45. Direct Services	(MH1979, Ln 16,16A)	\$	2,854,240	\$	711,994	\$	3,566,234
4	46. Enhanced (Children)	(MH1979, Ln 17,17A)		0		3,768		3,768
4	47. Enhanced (Refugees)	(MH1979, Ln 18)		0		0		0
	48 MAA	(MH 1979, Ln 11, 12 & 13	3)	0		0		0
4	49. Administrative Reimbursement	(MH1979, Ln 6)		1,260,747		98,775		1,359,522
5	50. U.R. Skilled Professional	(MH1979, Ln 14)		139,904		277		140,181
5	51. U.R. Other	(MH1979, Ln 15)		28,501		56		28,558
5	52. Negotiated Rate-Payback	(MH1979, Ln 20)	_	0	_		_	0
5	53. Subtotal- FFP		\$ =	4,283,392	\$ =	814,870	\$=	5,098,263
5	54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$	0	\$	0	\$	0
5	55. Quality Assurance Review Results	(Adj #)	_	0	_	0	_	0
5	56. Total SD/MC Reimbursement - FFP		\$_	4,283,392	\$_	814,870	\$_	5,098,263
N	Net Healthy Families Reimbursement - FFP		_		_		_	
_	57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$	42,597	\$	7,222	\$	49,819
	58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)		0		0		0
	59. Administrative Reimbursement	(MH1979, Ln 10)		60,125		(7,362)		52,763
	60. Total Healthy Families Reimbursement - FFP	, , ,	\$_	102,722	\$ [(141)	\$_	102,581
	•		=		=		_ =	
. 6	61. Total - FFP (Ln 56 + Ln 60)		\$=	4,386,114	\$ =	814,729	\$ =	5,200,844 (To Sch. 1)
1								(10 301, 1)

SCHEDULE 3

TULARE COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2005

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
		Medi-Cal	Enhanced -	Enhanced -	Total	Healthy	Medi-Cal	Enhanced -	Enhanced -	Total	Healthy
Legal		and Crossover	Children	Refugees	Gross Cost	Families	and Crossover	Children	Refugees	Gross Cost	Families
Entity		Gross Reimb.	Gross Reimb.	Gross Reimb.	(Excl. HFP)	Gross Reimb.	Gross Reimb.	Gross Reimb.	Gross Reimb.	(Excl. HFP)	Gross Reimb.
Number	Legal Entity		l N P	A T I	E N T			O U T	PAT	E N T	
		(MH 1968,	(MH 1968,	(MH 1968,	(Col. 1 to 3)	(MH 1968,	(MH 1968,	(MH 1968,	(MH 1968,	(Cal 6 to 8)	(MH 1968,
		Ln 5, 5A, 10,10A)	Ln 16, 16A)	Ln 22)		Ln 27, 27A)	Ln 5, 5A, 10,10A)	Ln 16, 16A)	Ln 22)		Ln 27 27 A)
00113	Fred Finch Youth Center	. 0 9	0 \$	0 :	\$ 0 \$	0 \$	8,640 \$	o \$	0 \$	8,640 \$	0
00386	Milhous Children's Services, Inc.	0	0	0	0	0	7,787	0	٥	7,787	0
00406	Turning Point of Central California	0	0	0	0	0	6,402,570	16,804	0	6.419,374	543,569
00418	Tulare Youth Service Bur., Inc.	0	0 -	0	0	0	2,590,611	32,553	٥	2,623,164	191,520
00484	North Valley Schools, Inc.	0	0	0	0	0	134,184	0	0	134,184	0
00793	Canyon Acres Children and Famili	0	0	0	0	0	67,046	0	0	67,046	0

GRAND TOTAL \$ 0 \$ 0 \$ 0 \$ 0 \$ 9,210,838 \$ 49,357 \$ 0 \$ 9,260,195 \$ 735,08

1

SCHEDULE 3a

TULARE COUNTY | SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2005

		300000000	(11)	(12)		(13)	(14)		(15)		(16)	(17)	(18)	(19)
			Total	Healthy		Total	Healthy	1	Total			Total		Total
Legal		Re	evenue	Families		Revenue	Families		Net Cost		Net Cost	Net Cost	Net Cost	MAA
Entity		(Ex	cl. HFP)	Revenue		(Excl. HFP)	Revenue	_	(Excl. HFP)		Healthy Families	(Excl. HFP)	Healthy Families	FFP
Number	Legal Entity		INPA	TIENT		OUTPAT	1 E N T		INP	A T	TENT	OUTF	ATIENT	Reimbursement
		(M	H 1968,	(MH 1968,		(MH 1968,	(MH 1968,		(Col 4-11)		(Col 5-12)	(Col 9-13)	(Col 10-14)	(MH 1979,
		Ln :	28 to 30)	Ln 31)		Ln 28 to 30)	Ln 31)							Ln 11-13)
00113	Fred Finch Youth Center	\$	0	\$	0 \$	0 \$	0	\$	0	\$	0 \$	8,640	\$ 0 \$	0
00386	Milhous Children's Services, Inc.		0		0	0	0		O		0	7,787	0	0
00406	Turning Point of Central California, Inc.	5.	0		0	20,858	0		0		0	6,398,516	543,569	0
00418	Tulare Youth Service Bur., Inc.		0		0	2,153	0		0		0	2,621,011	191,520	0
00484	North Valley Schools, Inc.		0		0	0	0		0		0	134,184	0	0
00793	Canyon Acres Children and Family S		0		0	0	0		0		0	67,046	0	0

GRAND TOTAL \$ 0 \$ 0 \$ 23,011 \$ 0 \$ 0 \$ 9,237,184 \$ 735,089 \$ 0

SCHEDULE 3b

TULARE COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2005

			(20)	(21)	(22)	(23)		(24)	(25)		(26)	(27)	(28)
			Neg. Rates	Neg. Rates	Neg. Rates	Neg. Rates							
Legal			Exceed Costs	Exceed Costs	Exceed Costs	Exceed Costs		Total SD/MC	Healthy Families		Total	FFP	Lower of FFP
Entity			(Excl. HFP)	Healthy Families	(Excl. HFP)	Healthy Families	271	Reimbursement	Reimbursement		Reimbursement	Contract	or Contract
<u>Number</u>	Legal Entity	111		TIENT		ATIENT	_	(FFP)	(FFP)		(FFP)	Maximum	Maximum
			(MH 1968,	(MH 1968,	(MH 1968,	(MH 1968,		(MH 1979, Line 21)	(MH 1979, Ln. 27)		(Col. 24 + 25)		
			Ln 38 to 39)	Ln 40, 40A)	Ln 38 to 39)	Ln 40, 40A)							
00113	Fred Finch Youth Center	\$	0 \$	0 :	\$ 0	\$	\$	4,320	\$ 0	\$	4,320 \$	37.500 \$	4,320
00386	Milhous Children's Services		0	0	0	()	3,894	0	l	3,894	37,500	3,894
00406	Turning Point of Central Ca	l	0	0	0	()	3,201,779	353,320		3,555,099	0	3,555,099
00418	Tulare Youth Service Bur., I	nc.	0	0	0	()	1,315,389	124,488		1,439,877	0	1,439,877
00484	North Valley Schools, Inc.		0	0	0	()	67, 09 2	0		67,092	86,490	67,092
00793	Canyon Acres Children and		0	0	0	()	33,523	0	l	33,523	82,500	33,523

GRAND TOTAL \$ 0 \$ 0 \$ 0 \$ 0 \$ 4,625,997 \$ 477,808 \$ 5,103,805 \$ 243,990 \$ 5,103,805

(To Sch 1)

TULARE COUNTY COMMUNITY MENTAL HEALTH SERVICES COMPUTATION OF EPSDT STATE SHARE PER AUDIT FISCAL YEAR ENDED JUNE 30, 2005

			_	As Settled	Audit Adjustments	As Audited
(1)	SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors) (Adj 119)	\$	15,081,639 \$	1,293,810 \$	16,375,449
(2)	Total SD/MC Claims	(Adj.'s 120, 122 & 124)		18,551,051	(1,394)	18,549,657
(3)	Percent % (Line 1/Line 2)			81.30%	6.98%	88.28%
(4)	EPSDT Claims	(Adj.'s 121,123 &125)		12,561,114	(1,394)	12,559,720
(5)	Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)			10,212,186	875,534	11,087,720
(6)	Cost Settled Baseline for EPSDT			3,333,950	0	3,333,950
(7)	Net Cost Settlement Amount (Line 5 - Line 6)			6,878,236	875,534	7,753,770
(8)	50% of Cost Settlement Amount (Line 7 x 50%)			3,439,118	437,767	3,876,885
(8a)	FY 2001-02 EPSDT Settlement			3,370,729	0	3,370,729
(8b)	Annual Local Growth (L. 8 - 8a)			68,389	437,767	506,156
(9)	County Match 10% of Local Growth (8b x 10%)			6,839	43,777	50,616
(10)	Net Cost Settlement Amount (L. 8 - 9)	(Adj 126)		3,432,279	393,990	3,826,269
(11)	SGF Distribution (Settled and Audited)	(Adj.'s 127, 128, & 129)		3,432,279	(491)	3,431,788
(12)	SGF Due State	(Adj130)	s <u>_</u>	0 \$	394,481 \$	394,481
						(To Sch. 1)

Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 - SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHFs) by County Submitting Claims (includes contract providers, excludes Healthy Families)
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHFs) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2004-2005, includes increase for FFS/MC provider rate increase
- (7) Settlement amount prior to 10% match calculation (8) (9)
- (11) SGF distribution (See DMH letter dated August 30, 2004 sent to Local Mental Health Directors)

Note: This amount may include payments not yet made but scheduled to be released as soon as funding becomes available. It may also include payments made in error in FY 06, which will be reversed in FY 06 and rescheduled for payment when funding becomes available.

(12) Amount owed back to the state cannot be more than was paid.

Note:

The increase in SGF was due to the increase in salaries and benefits county incorrectly reported in the wrong cost center, and the increase in cost per unit as a result of the decrease in total unit of service.



Provider	Tulare				Provider Number 00054		No. of Adj. 130			Регіос э 30,	Ended
	Report Refe	rence			30004	+-		+		7 30, T	
Adj.	Form/	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	ENTS		As Reported		Increase (Decrease)		As Adjusted
				ADJUSTMENTS TO REPORTED COSTS							
1	MH 1960	3	С	PAYMENTS TO CONTRACT PROVIDERS (COUNTY ONLY)		\$	(16,094,973)	\$	(252,276)	\$	(16,347,249) *
ļ				To adjust the payments to Youth Services to reflect the adjustment based on County records for proper cost finding.	No. 3		•				
				CMS PUB. 15-1 SEC. 2304							
2	MH 1960	3	С	PAYMENTS TO CONTRACT PROVIDERS (COUNTY ONLY)	**	\$	(16,347,249)	\$	(29,055)	\$	(16,376,304)
<u> </u> 				To adjust the payments to contract providers to exclude providers' or reported in Mode costs in conjunction with adjustment No. 20.	costs which are						
				CMS PUB. 15-1 SEC. 2304							
3.	MH 1960	6	С	MEDI-CAL ADJUSTMENTS FROM MH 1961		\$	(7,492,880)	\$	252,276	\$	(7.240,604)
		l		To adjust accounts payable adjustments of Youth Services based of	n County records.						
				CMS PUB. 15-1 SEC. 2304							
4	MH 1960	8	С	ALLOWABLE COSTS FOR ALLOCATION		\$	18,673,770	\$	(29,055)	\$	18,644,715
,				To adjust allowable costs for allocation to reflect the effect of adjust through No.3 for proper cost findings.	ments No. 1						
5 6	MH 1960 MH 1960	9	C	SD/MC ADMINISTRATION HEALTHY FAMILIES ADMINISTRATION		\$	2,669,409 92,500	\$ \$	(2,669,409) (92,500)	\$ \$	0
7	MH 1960	11	C	NON SD/MC ADMINISTRATION		\$	783,353	\$	(783,353)	\$	0
Info.	MH 1960	12		TOTAL ADMINISTRATIVE COSTS To eliminate the reported allocation of administrative costs. Admini	strative costs	\$	3,545,262	5	0	\$	3,545,262 *
				will be redistributed after adjustments to administrative costs for pr							
				Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment.							



Provider					Provider Number		No. of Adj.		Fiscal	Period	Ended
	Tulare				00054		130		June	3 0, :	2005
	Report Refe	rence					As		Increase		As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTM	ENTS		Reported		(Decrease)		Adjusted
	33		00	ADJUSTMENTS TO REPORTED COSTS							
8	MH 1960	12	С	TOTAL ADMINISTRATIVE COSTS	**	\$	3,545,262	\$	(120,967)	\$	3,424,295
				To reclassify administrative costs to mode costs (adjustment No.19 records for proper cost finding.	9) based on County						
				CMS PUB. 15-1 SEC. 2304							
9	MH 1960	12	С	TOTAL ADMINISTRATIVE COSTS	**	\$	3,424,295	\$	347,791	\$	3,772,086 *
				To adjust Distributed Administrative Costs from mode costs in con adjustment No. 21.	junction with						
				CMS PUB. 15-1 SEC. 2304							
10 11 12 Info.	MH 1960 MH 1960 MH 1960 MH 1960	9 10 11 12	C C C	SD/MC ADMINISTRATION HEALTHY FAMILIES ADMINISTRATION NON SD/MC ADMINISTRATION TOTAL ADMINISTRATIVE COSTS	**	\$ \$ \$ \$ \$	0 0 0 3,772,086	\$ \$ \$	2,726,816 121,279 923,991 0	\$ \$ \$	2,726,816 121,279 923,991 3,772,086
				To reallocate Total Administrative Costs among SD/MC, Healthy F Non SD/MC Administration based on the unduplicated client count of 74.40% for SD/MC, 3.31% for Healthy Families, and 22 29% for	ratio						
								ļ			
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.							

Provider	•			F	rovider Number	No. of Adj.	Fiscal F	Period Ended
	Tulare				00054	130	June	30, 2005
	Report Refe	erence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Çol.	EXPLANATION OF AUDIT ADJUSTMENTS		Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED COSTS				
13 14 15 Info.	MH1960 MH1960 MH1960 MH1960	13 14 15 16	0000	SKILLED PROFESSIONAL MEDICAL PERSONNEL (SPMP) OTHER SD/MC UTILIZATION REVIEW NON-SD/MC UTILIZATION REVIEW TOTAL UTILIZATION REVIEW COSTS To eliminate the reported distribution of utilization review costs. Costs will redistributed after adjustments to utilization review costs.	l be	\$ 186,539 \$ 57,002 \$ 70,752 \$ 314,293	\$ (186,539) (57,002) (70,752) 0	\$ 0 \$ 0 \$ 0 \$ 314,293 •
16 17 18 Info.	MH1960 MH1960 MH1960 MH1960	13 14 15 16	0000	SKILLED PROFESSIONAL MEDICAL PERSONNEL (SPMP) OTHER SD/MC UTILIZATION REVIEW NON-SD/MC UTILIZATION REVIEW TOTAL UTILIZATION REVIEW COSTS To allocate the Non SD/MC Utilization Review portion related to SPMP ar Other SD/MC Utilization Review based on the unduplicated client count re		\$ 0 \$ 0 \$ 0 \$ 314,293	\$ 186,908 \$ 57,115 \$ 70,270 \$ 0	\$ 186,908 \$ 57,115 \$ 70,270 \$ 314,293
19	MH1960	18	С	77.64 % for SD/MC and 22.36 % for Non SD/MC. MODE COSTS (DIRECT SERVICES AND MAA) To adjust mode costs based on County records in conjunction with adjust		\$ 14,814,215	\$ 120,967	\$ 14,935,182
20	MH1960	18	С	CMS PUB. 15-1 SEC. 2304 MODE COSTS (DIRECT SERVICES AND MAA) To eliminate County providers' costs which units were not reported in County Pub. 15-1 SEC. 2304		\$ 14,935,182	\$ (29,055)	\$ 14,906,127 *
21	MH1960	18	С	MODE COSTS (DIRECT SERVICES AND MAA) To reclassify mode costs to administrative costs (adjustment No. 9) to ag County records.		\$ 14,906,127	\$ (347,791)	\$ 14,558,336
				CMS PUB. 15-1 SEC. 2304 * Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.	_			



Provider					Provider Number	No. of Adj.		eriod Ended
	Tulare				00054	130	June	30, 2005
Adj.	Report Refe	erence		EXPLANATION OF AUDIT ADJUSTM	ENTS	As Reported	Increase (Decrease)	As Adjusted
No.	Sch.	Line	Çol.			·		•
				ADJUSTMENTS TO ALLOCATION OF COS TO MODES OF SERVICE	<u>18</u>			
22 23 24	MH 1964 MH 1964 MH 1964	3 5 8	A A A	OTHER 24 HOUR SERVICES (Mode 05- All Other SFC) OUTPATIENT SERVICES (Mode 15 Program 1 + Program2) SUPPORT SERVICES (Mode 60) TOTAL		914,940 13,137,628 761,647 14,814,215	(126,890) (128,990) 0 (255,880)	788,050 13,008,638 761,647 14,558,335
				To distribute revised mode cost to Other 24 Hour Services, Output Support Services based on direct cost assignment. ADJUSTMENTS TO REPORTED TOTAL UNITS OF SEF				
25 26 27 28 29 30 Info.	MH 1966 MH 1966 MH 1966 MH 1966 MH 1966 MH 1966	2 2 2 2 2 2 2	BOHOBO	TOTAL UNITS-MODE 15-02 TOTAL UNITS-MODE 15-10 TOTAL UNITS-MODE 15-60 TOTAL UNITS-MODE 15-70 TOTAL UNITS-MODE 10-94 FFS Psychiatrist TOTAL UNITS-MODE 15-35 ASO TOTAL To adjust total units of service to agree with the County's records. See management comment No. 1.		1,159,522 3,338,146 711,876 71,489 0 32,010 5,313,043	96,750 (1,269,452) 12,383 34,470 506,580 945 (618,324)	1,256,272 2,068,694 724,259 105,959 506,580 32,955 4,694,719
				ADJUSTMENTS TO REPORTED TOTAL UNITS OF SI CONTRACT PROVIDERS	ERVICE/TIME			
31 32 33 Info.	MH 1966 MH 1966 MH 1966	2 2 2	B B D	TOTAL UNITS-MODE 10-85 TOTAL UNITS-MODE 15-30 TOTAL UNITS-MODE 15-60 TOTAL To adjust Fred Finch Youth Center (LE# 00113) total units of service to agree with the County's records for proper cost finding.	ce	118 3,485 170 3,773	4 120 50 174	122 3,605 220 3,947
				Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment.				





Provider					Provider Number	No. of Adj.	Fiscal Pe	eriod Ended
	Tulare				00054	130	June	30, 2005
	Report Refe	rence				As	Increase	As
Adj.	Form/			EXPLANATION OF AUDIT ADJUST	MENTS	Reported	(Decrease)	Adjusted
No.	Sch.	Line	Col.	<u> </u>	.			
				ADJUSTMENTS TO REPORTED TOTAL UNITS OF CONTRACT PROVIDERS	SERVICE/TIME			
34 35 Info.	MH 1966 MH 1966	2 2	В	TOTAL UNITS-MODE 15-62 TOTAL UNITS-MODE 10-85 TOTAL To adjust Milhous Children's Services, Inc. (LE# 00386) total un to agree with the County's records for proper cost finding.	its of service	406 26 432	(12) 6 (6)	394 32 426
36 37 38 39 40 Info.	MH 1966 MH 1966 MH 1966 MH 1966 MH 1966	2 2 2 2 2 2	B C D E F	TOTAL UNITS-MODE 15-01 TOTAL UNITS-MODE 15-10 TOTAL UNITS-MODE 15-60 TOTAL UNITS-MODE 15-70 TOTAL UNITS-MODE 15-58 TOTAL		683,665 2,188,559 260,753 42,086 18,242 3,193,305	8,619 (23,765) (948) 498 290 (15,306)	692,284 2,164,794 259,805 42,584 18,532 3,177,999
41 42 43 44 Info.	MH 1966 MH 1966 MH 1966 MH 1966	2 2 2 2 2	B C D E	To adjust Turning Point of Central CA, Inc. (LE# 00406) total unito agree with the County's records for proper cost finding. TOTAL UNITS-MODE 15-02 TOTAL UNITS-MODE 15-12 TOTAL UNITS-MODE 15-60 TOTAL UNITS-MODE 15-70 TOTAL To adjust Tulare Youth Service Bur.,Inc. (LE# 00418) total units to agree with the County's records for proper cost finding.		184,591 1,140,123 85,059 10,034 1,419,807	4,143 (280) 342 1,407 5,612	188,734 1,139,843 85,401 11,441 1,425,419
45 46 Info.	MH 1966 MH 1966	2 2	B C	TOTAL UNITS-MODE 10-81 TOTAL UNITS-MODE 15-60 TOTAL To adjust Canyon Acres Children and Family Services (LE# 007 of service to agree with the County's records for proper cost find Balance carried forward to subsequent adjustment.		552 4,046 4,598	1 (99) (98)	553 3,947 4,500





Provider	r				Provider Number	No. of Adj.	Fiscal Pe	riod Ended
	Tulare				00054	130	June 3	30, 2005
	Report Refe	rence		i		As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMEN	TS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED MEDI-CAL UNITS/I COUNTY PROVIDERS - PROGRAMS 1 AND 2	<u>IME</u>			
47 48 49 50 51 52 Info. 53 54 Info.	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL		835,751 2,345,852 29,911 65,860 0 0 7,645 29,922 3,314,941	(36,862) (77,065) 31,552 74,502 1,253 1,540 0 (265) (1,510) (6,855)	798.889 * 2,268,787 * 61,463 * 140,362 * 1,253 * 1,540 * 0 * 7,380 * 28,412 * 3,308,086 * *
				To adjust settled units of service/time for the County Operated facilities to agree with the State DMH Approved Claims Report dated March 27 (There are no units shown on disallowed claims report). No QA/UR review performed by the State DMH Medi-Cal Oversight bra The auditor submitted workpapers to the County which shows the detail above adjustments. Phase II was included.	, 2009 Inch.			
55 56 57 58 Info. Info. Info. Info.	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL To adjust the State DMH Approved Claims Report dated March 27, 20 QA/UR disallowed units by the County.	 	798,889 2,268,787 61,463 140,362 1,253 1,540 0 7,380 28,412 3,308,086	(1,251) (10,156) (639) (2,206) 0 0 0 0 (14,252)	797,638 - 2,258,631 - 60,824 - 138,156 - 1,253 - 1,540 - 0 - 7,380 - 28,412 - 3,293,834 -
				* Balance carried forward to subsequent adjustment. * Balance brought forward from prior adjustment.				



Provider					Provider Number	No. of Adj.	Fiscal Pe	eriod Ended
_	Tulare				00054	130	June:	30, 2005
	Report Refe	rence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	ENTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED MEDI-CAL UNIT COUNTY PROVIDERS - PROGRAMS 1 AND				
59 60 info Info. Info. Info. Info. Info.	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL To adjust the State DMH Approved Claims Report dated March 27, incorporate the results of the EPSDT chart review. This review was		797,638 2,258,631 60,824 138,156 1,253 1,540 0 7,380 28,412 3,293,834	(430) (55) 0 0 0 0 0 0 0 0 (485)	797,208 * 2,258,576 * 60,824 * 138,156 * 1,253 * 1,540 * 0 * 7,380 * 28,412 3,293,349 * *
61 62 63 64 Info. Info. 65 66 Info.	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	by theState DMH Medi-Cal Oversight branch. MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL To adjust the SD/MC, Enhanced and Healthy Families units of servito agree with the County's records (prior to other adjustments reflect adjustments 67 through 72 below) and supporting documents. The submitted work papers to the County which shows the details of the adjustments. Phase II was included.	ted in auditor	797,208 2,258,576 60,824 138,156 1,253 1,540 0 7,380 28,412 3,293,349	32,910 83,321 (30,679) (72,302) 0 0 140 230 13,620	830,118 * 2,341,897 * 30,145 * 65,854 * 1,253 * 1,540 * 0 * 7,520 * 28,642 * 3,306,969
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.			<u>.</u>	



Provider					Provider Number	No. of Adj.	Fiscal Pe	eriod Ended
	Tulare				00054	130	June	30, 2005
1	Report Refe	rence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTM	ENTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED MEDI-CAL UNICOUNTY PROVIDERS - PROGRAMS 1 ANI				
67 68 69 70 info Info. Info. Info.	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL To adjust the County's records to eliminate QA/UR disallowed units for proper cost finding.	s by the County	830,118 2,341,897 30,145 65,854 1,253 1,540 0 7,520 28,642 3,306,969	(1.251) (10.156) (639) (2.206) 0 0 0 0 (14.252)	828,867 2,331,741 29,506 63,648 1,253 1,540 0 7,520 28,642 3,292,717
71 72 info Info. Info. Info. Info. Info.	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL To adjust the County's records to incorporate the results of the EP review. This review was conducted by the State DMH Medi-Cal Or		828,867 2,331,741 29,506 63,648 1,253 1,540 0 7,520 28,642 3,292,717	(430) (55) 0 0 0 0 0 0 0 (485)	828,437 • 2,331,686 • 29,506 • 63,648 • 1,253 • 1,540 • 0 • 7,520 • 28,642 • 3,292,232
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.		·		





Provider					Provider Number	No. of Adj.	Fiscal Pe	eriod Ended
	Tulare				00054	130	June :	30, 2005
	Report Refe	rence	_	EVEL ANATION OF AUDIT AD JUSTINE	·NTO	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Coi.	EXPLANATION OF AUDIT ADJUSTME	:N15		(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED MEDI-CAL UNIT COUNTY PROVIDERS - PROGRAMS 1 AND				
73 74 Info. 75 info. Info. 76 77 Info.	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL To adjust the above mentioned units of service/time to incorporate to the lower of DMH approved units or the County's records by SFC auditor submitted work papers to the County which show details of the adjustments. Phase II was included.	. The	828,437 2,331,686 29,506 63,648 1,253 1,540 0 7,520 28,642 3,292,232	(730) (1.185) 0 65 0 0 (205) (230) (2.285)	827,707 2,330,501 29,506 63,713 1,253 1,540 0 7,315 28,412 3,289,947
				Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment.			, 	





Provider	r	_			Provider Number	No. of Adj.	Fiscal Pe	eriod Ended
	Tulare				00054	130	June	30, 2005
	Report Refe	rence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENTS	5	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED MEDI-CAL UNITS/TIME CONTRACT PROVIDERS	<u>re</u>			
78 79 Info. Info. 80 81 Info. 82 83 Info.	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL		871,271 3,073,619 0 0 0 0 0 84,860 282,599 4,312,349	18,567 (72,397) 0 0 2,248 19,921 0 (9,557) (46,240) (87,458)	889,838
Info. 84 Info. Info. Info. Info. Info. Info.	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	To adjust settled units of service/time for the Contract Providers to agree with the State DMH Approved Claims Report dated March 27, 2009 (There are no units shown on disallowed claims report). No QA/UR review performed by the State DMH Medi-Cal Oversight bran. The auditor submitted workpapers to the County which shows the details of the above adjustments. MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL To adjust the State DMH Approved Claims Report dated March 27, 2009 contract provider's units of service/time for non submission year-end cos Seneca Residential & Day Tx Center (LE # 00115), Devereux Residentia and H.V. Group Home Inc. (LE # 01273)	ch.	889,838 3,001,222 0 0 2,248 19,921 0 75,303 236,359 4,224,891	0 (3.181) 0 0 0 0 0 0 0 0 (3,181)	889,838
			<u> </u>	** Balance brought forward from prior adjustment.				





Provider	Tulare		-		Provider Number 00054	No. of Adj. 130		riod Ended
	Report Refe	rence	T			As	Increase	30, 2005 As
۸،۰۰	Form/	ence		EXPLANATION OF AUDIT ADJU	ISTMENTS	Reported	(Decrease)	Adjusted
Adj. No.	Sch.	Line	Col.	EXPLANATION OF AUDIT ADJ	JSTWIENTS	Reported	(Decrease)	Adjusted
INO.	SGI.	LITTE	Ç0i.	 -				
				ADJUSTMENTS TO REPORTED MEDI-CONTRACT PROVIDERS	AL UNITS/TIME			
85 86 Info. Info. Info. Info. Info. Info.	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 09 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/ ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/ ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/ HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL	/30/05 04 05 /05	889,838 2,998,041 0 0 2,248 19,921 0 75,303 236,359 4,221,710	(1,109) (2,420) 0 0 0 0 0 (281) 0 (3,810)	888,729 * 2,995,621 * 0 * 0 * 2,248 * 19,921 * 0 * 75,022 * 236,359 * 4,217,900 *
Info. 88 Info. Info. Info. Info. Info. Info.	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	To adjust the State DMH Approved Claims Report dated Mainits provided by an uncertified provider Turning Point of Ci (LE # 00406 and Prov # 5463). MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 09/30/06 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/06 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/06 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/05 TOTAL To adjust the State DMH Approved Claims Report dated Maincorporate the results of the EPSDT chart review. This review by the StateDMH Medi-Cal Oversight branch.	entral CA Inc. 1/30/04 1/30/05 04 05 1/05 1-1 1/20/09 to	888,729 2,995,621 0 0 2,248 19,921 0 75,022 236,359 4,217,900	0 (90) 0 0 0 0 0 0 0 (90)	888,729 * 2,995,531 * 0 * 0 * 2.248 * 19,921 * 0 * 75,022 * 236,359 * 4,217,810 *
				** Balance brought forward from prior adjustment.				

Provider	Tulare				Provider Number 00054	No. of Adj. 130		riod Ended 30, 2005
	Report Refe	rence				As	Increase	As
Adj.	Form/			EXPLANATION OF AUDIT ADJUSTME	ENTS	Reported	(Decrease)	Adjusted
No.	Sch.	Line	Col.					
				ADJUSTMENTS TO REPORTED MEDI-CAL UNIT CONTRACT PROVIDERS	S/TIME			
Info. 89 Info. Info. Info. Info. 90 91 Info.	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL To adjust the State DMH Approved Claims Report dated March 27, QA/UR disallowed units by the County.	2009 to eliminate	888,729 2,995,531 0 0 2,248 19,921 0 75,022 236,359 4,217,810	0 (6.367) 0 0 0 0 (83) (1,157) (7,607)	888,729 2,989,164 0 0 2,248 19,921 0 74,939 235,202 4,210,203
92 93 Info. Info. Info. Info. 94 95 Info.	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL To adjust the SD/MC, Enhanced and Healthy Families units of serv to agree with the County's records (prior to other adjustments reflect adjustments 96 through 103 below) and supporting documents. Th submitted work papers to the County which show the details of the adjustments.	cted in e auditor	888,729 2,989,164 0 0 2,248 19,921 0 74,939 235,202 4,210,203	(98) 5,329 0 0 0 1,270 7,241 13,742	888.631 · 2.994.493 · 0 · 0 · 2.248 · 19.921 · 0 · 76.209 · 242.443 · 4.223,945 · ·
	ı			 Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment. 				



Provide	r Tulare				Provider Number 00054	No. of Adj. 130		riod Ended 0, 2005
	Report Refe	rence		<u> </u>		As	Increase	As
Adj.	Form/			EXPLANATION OF AUDIT ADJUSTME	ENTS	Reported	(Decrease)	Adjusted
No.	Sch.	Line	Col.					
				ADJUSTMENTS TO REPORTED MEDI-CAL UNIT CONTRACT PROVIDERS	S/TIME			
Info. 96 Info. Info. Info. Info. Info. Info. Info. Info. Info.	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL To adjust the County records to eliminate following contract provide	ers' units of	888,631 2,994,493 0 0 2,248 19,921 0 76,209 242,443 4,223,945	0 (3.181) 0 0 0 0 0 0 0 (3.181)	888,631
97 98 Info. Info. Info. Info. Info.	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	service/time for non-submission of year-end reports. Seneca Residential & Day Tx Center (LE # 00115), Devereux Residential & Day Tx Center (LE # 00115), Devereux Residential & Day Tx Center (LE # 01273) MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL To adjust the County records to eliminate units of service/time provider Turning Point of Central CA Inc. (LE # 00406 and Prov # 5	dential (LE # 00472), ** ** ** ** ** ** ** ** **	888,631 2,991,312 0 0 2,248 19,921 0 76,209 242,443 4,220,764	(1,109) (2,420) 0 0 0 0 0 (281) 0 (3,810)	887,522 * 2,988,892 * 0 * 0 * 2,248 * 19,921 * 0 * 75,928 * 242,443 * 4,216,954 * *
				** Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				





Adj. F. No. ::	Tulare Report Reference			Provider Number 00054	No. of Adj. 130		riod Ended 0, 2005
No. Info. MH 100 MH Info. MH	Report Reference				As	Increase	As
Info. MH 100 MH Info. MH	Form/		EXPLANATION OF AUDIT ADJUSTME	ENTS	Reported	(Decrease)	Adjusted
100 MH Info. MH	Sch. Line	e Col.			0		
100 MH Info. MH			ADJUSTMENTS TO REPORTED MEDI-CAL UNIT	S/TIME			
Info. MH	MH 1966A 8 MH 1966A 8A MH 1966A 9 MH 1966A 9A MH 1966A 10 MH 1966A 10 MH 1966A 10 MH 1966A 11 MH 1966A 11 MH 1966A 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL To adjust the County records to incorporate the results of the EPSD review. This review was conducted by the State DMH Medi-Cal Over		887,522 2,988,892 0 0 2,248 19,921 0 75,928 242,443 4,216,954	0 (90) 0 0 0 0 0 0 0 0 0 (90)	887.522 * 2.988.802 * 0 * 0 * 2.248 * 19.921 * 0 * 75.928 * 242.443 * 4.216.864 *
Info. MH	MH 1966A 8AMH 1966A 9AMH 1966A 10AMH 1966A 10AMH 1966A 11AMH 196A 11AMH 19AMH 1AMH 19AMH 1AMH 19AMH 1AMH	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL To adjust the County's records to eliminate QA/UR disallowed units	by the County.	887,522 2,988,802 0 0 2,248 19,921 0 75,928 242,443 4,216,864	0 (6,367) 0 0 0 0 0 (83) (1,157) (7,607)	887,522 · 2,982,435 · 0 · 0 · 0 · 2,248 · 19,921 · 0 · 75,845 · 241,286 · 4,209,257 · ·
			 Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment. 	į			





Provider	Tulare				Provider Number 00054	No. of Adj. 130		Period Ended 30, 2005
	Report Refe	rence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMI	ENTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED MEDI-CAL UNIT	S/TIME			
104 105 Info. Info. Info. Info. 106 107 Info.	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL To adjust the above mentioned units of service/time to incorporate of the lower of DMH approved units or the County's records by SFC auditor submitted work papers to the County which shows details of adjustments.	. The	887,522 2,982,435 0 0 2,248 19,921 0 75,845 241,286 4,209,257	(455) (505) 0 0 0 0 0 (1,361) (5,789) (8,110)	887,067 2,981,930 0 0 2,248 19,921 0 74,484 235,497 4,201,147
108	MH 1968 MH 1968	28 28A	K	PATIENT AND OTHER PAYOR REVENUES 17/01/04 - 09/30/05	OTHER	,-	\$ 65	\$ 23,942
	MH 1968	284	*	PATIENT AND OTHER PAYOR REVENUES 10/01/04 - 06/30/05 TOTAL To adjust patient and other payor revenue to agree with County's re	ecords.	\$ 44,741 68,618	\$ 238	\$ 44,979 68,921
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				





Provider	Tulare	_			Provider Number Provider Number	No. of Adj. 130		Period Ended 30, 2005
	Report Refe	rence	1		1 1011001 11011100	As	Increase	As
Adj.	Form/			EXPLANATION OF AUDIT ADJUSTMI	ENTS	Reported	(Decrease)	Adjusted
No.	Sch.	Line	Col.					
110	MH 1968	28	14	ADJUSTMENTS TO REPORTED PATIENT AND PAYOR REVENUE - CONTRACT PROVIDE PATIENT AND OTHER PAYOR REVENUES 07/01/04 - 09/30/04				
111	MH 1968	28A	K	PATIENT AND OTHER PATOR REVENUES 07/01/04 - 09/30/04 PATIENT AND OTHER PAYOR REVENUES 10/01/04 - 06/30/05 TOTAL To adjust Turning Point of Central CA, Inc. (LE# 00406) patient and other payor revenue to agree with County's records.	ı	\$ 0 0	\$ 4,923 15,935 \$ 20,858	\$ 4,923 15,935 \$ 20,858
112 113	MH 1968 MH 1968	28 28A	K	PATIENT AND OTHER PAYOR REVENUES 07/01/04 - 09/30/04 PATIENT AND OTHER PAYOR REVENUES 10/01/04 - 06/30/05 TOTAL To adjust Tulare Youth Service Bur.,Inc. (LE# 00418) patient and o payor revenue to agree with County's records.	ther	\$ 0 0 0	\$ 68 2,085 \$ 2,153	\$ 68 2,085 \$ 2,153
				* Balance carried forward to subsequent adjustment.				
		<u></u>		** Balance brought forward from prior adjustment.				





Provider	Tulare	<u> </u>			Provider Number Provider Number		No. of Adj. 130			Period	Ended
	Report Refe	rence				1	As	1	Increase]	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	ENTS		Reported		(Decrease)		Adjusted
				ADJUSTMENTS TO REPORTED SD/MC SETTLE	MENT						
114	MH 1979	2	D	CONTRACT PROVIDER MEDI-CAL DIRECT SERVICE GROSS RE	EÍMB	\$	11,032,862	\$	(113,087)	\$	10,919,775
				To adjust reported Contract Provider Direct Medi-Cal Gross Reimbuas a result of adjustments to the contract providers SD/MC units of service/time.	ursement						
115 116	MH 1979 MH 1979	21 27	J	TOTAL SD/MC REIMBURSEMENT (FFP) - COUNTY TOTAL HEALTHY FAMILIES REIMBURSEMENT - COUNTY		\$	4,283,392 102,722	\$	814,871 (141)	\$	5,098,263 102,581
				TOTAL REIMBURSEMENT - COUNTY		\$ =	4,386,114	\$ =	814,730	\$ _	5,200,844
117 118	Sch. 3b Sch. 3b	Total Total	24 25	TOTAL SD/MC REIMBURSEMENT - CONTRACT PROVIDERS TOTAL HEALTHY FAMILIES REIMBURSEMENT - CONTRACT PROVIDERS	OVIDERS	\$	4,686,580 565,339	\$ _	(60,583) (87,531)	\$_	4,625,997 477,808
				TOTAL REIMBURSEMENT - CONTRACT PROVIDERS		\$ =	5,251,919	 \$ =	(148,114)	[5 —	5,103,805
				To adjust Total SD/MC Reimbursement (FFP) due to the adjustmer reported costs, revenues, and units of service/time and the results Medi-Cal Oversight chart review.							
				ADJUSTMENTS TO AS SETTLED EPSDT STATE GEN	ERAL FUNDS						
119	SCH 4	1	3	SD/MC ACTUALS		\$	15,081,639	\$	1,293,810	\$	16,375,449
		Ľ		To adjust SD/MC actuals as a result of adjustments to total comput as reflected in the MH 1979 forms for both the County Program and providers. The amounts utilized for this purpose was SD/MC and E Outpatient services only.	lits contract						·
				* Balance carried forward to subsequent adjustment.							
				** Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.							



Provider					Provider Numbe		No. of Adj.		Period Ended
	Tulare Report Refe	rence			Provider Number		130 As	Increase	2 30, 2005 As
Adj.	Form/ Sch.		0-1	EXPLANATION OF AUDIT ADJ	USTMENTS		Reported	(Decrease)	As Adjusted
NO.	Scn.	Line	Col.			-+		-	
			l	ADJUSTMENTS TO AS SETTLED EPSDT STA	TE GENERAL FUNDS				
120 121	SCH 4 SCH 4	2 4	3 3	TOTAL SD/MC CLAIMS EPSDT CLAIMS		9		\$ (162,041) \$ (162,041)	\$ 18,389,010 * 12,399,073 *
				To adjust total SD/MC claims and EPSDT claims to include chart review of the EPSDT Program conducted by the Stat Oversight branch as reflected in the report dated December This represents the original recoupment.	e DMH Medi-Cal				
				Please note that the County did not report any EPSDT unit Department in accordance with provisions of the disallowe This report covered the period from to DMH Information	d claims system pursuant				
122 123	SCH 4 SCH 4	2 4	3 3	TOTAL SD/MC CLAIMS EPSDT CLAIMS		** \$		\$ 162,041 \$ 162,041	\$ 18,551,051 * \$ 12,561,114 *
				To adjust total SD/MC claims and EPSDT claims to revers included in adjustments 120 and 121 above. The revised follows and EPSDT Claims will be taken in adjustments 1.	indings affecting "Total SD/MC	,			
124 125	SCH 4 SCH 4	2 4	3 3	TOTAL SD/MC CLAIMS EPSDT CLAIMS		** 9	.,	\$ (1,394) \$ (1,394)	\$ 18,549,657 \$ 12,559,720
				To adjust total SD/MC claims and EPSDT claims to include revised chart review of the EPSDT Program conducted by Oversight branch as reflected in the report dated March 3, This represents the revised recoupment.	the State DMH Medi-Cal				
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.					



Provider	T I	<u></u>			Provider Number	Τ	No. of Adj.			_	Ended
	Tulare Report Refe	aranca			Provider Number	+	130 As	┼	Jun- Increase	e 30, 2	2005 As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	NTS		Reported		(Decrease)		As Adjusted
110.				ADJUSTMENTS TO AS SETTLED EPSDT STATE GENE	RAL FUNDS						
126	SCH 4	10	3	NET COST SETTLEMENT AMOUNT		\$	3,432,279	\$	393,990	\$	3,826,269
				To adjust net cost settlement amount as a result of adjustments to S (Total Computable Medical), total SD/MC claims and EPSDT claims.	D/MC actuals						
127	SCH 4	11	3	STATE GENERAL FUND DISTRIBUTION		\$	3,432,279	\$	(57,038)	\$	3,375,241 *
				To adjust State General Fund Distribution to include the results of the fitness of the EPSDT Program conducted by the State DMH Medi-Cal Overs reflected in the report dated December 4, 2006. This represents the recoupment.	sight branch as						
128	SCH 4	11	3	STATE GENERAL FUND DISTRIBUTION	**	\$	3,375,241	\$	57,038	\$	3,432,279 *
				To adjust State General Fund Distribution to reverse the original SGI included in adjustment 127 above. The revised findings affecting "SI Distribution" will be taken in adjustments 129 below.							
129	SCH 4	11	3	STATE GENERAL FUND DISTRIBUTION	**	\$	3,432,279	\$	(491)	\$	3,431,788
				To adjust the State General Fund Distribution to reflect the results of findings included in the final report dated March 3, 2008.	the revised EPSDT						
130	SCH 4	12	3	STATE GENERAL FUNDS DUE STATE		\$	0	\$	394,481	\$	394,481
				To adjust State General Funds due State as a result of adjustments Cost Settlement Amount and State General Fund Distribution as folk		ļ					
				Audited Net Cost Settlement Amount Adj. 126 \$ Less Audited State General Fund Distribution Adj. 129	3,826,269 3,431,788						
				Net State General Funds due to County \$	394,481						
				Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment,							

DETAIL COST REPORT

MEDI-CAL ADJUSTMENTS TO COSTS

.MH 1961 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County: Tulare County Code: 54

Legal Entity: TULARE COUNTY	A	В	С
Legal Entity Number: 00054	Salaries		Total
	and Benefits	Other	<u>Adjustments</u>
1 Operating Transfers Out		(6,033,911)	(6,033,911)
2 Depreciation expense FY94/95 - FY04/05		22,611	22,611
3 Cal Works costs billed by Human Svcs Br		1,859,550	<u>1,859,550</u>
4 Other County legal entities		(191,243)	(191,243)
5 State Hospital and Managed Care offsets		(1,497,309)	(1,497,309)
6 Worker Compensation refunds		(3,171)	(3,171)
7 Outlawed/stale dated warrants		(697)	(697)
8 Prior Accounts Payable Accrual Adjustments		(195,570)	(195,570)
9 CA MH Directors Assn Dues - Lobbying exclusion		(3,038)	(3,038)
10 Accounts Payable Adjustments + Prior Year Eliminations		(1,197,826)	(1,197,826)
11			
12			
13			
14	_		
15			
16			
17			
18			
19			
20 Total Adjustments		(7,240,604)	(7,240,604)

DETAIL COST REPORT

PAYMENTS TO CONTRACT PROVIDERS

1963 (Rev 7/05)

FISCAL YEAR 2004 - 2005

County: Tulare County Code: 54

Α	В	С	D
Item	Legal Entity Name	Legal Entity Number	Amount Paid
1	Tulare Youth Service Bureau, Inc.	00418	3,330,585
2	Turning Point of Central California, Inc.	00406	7,908,157
3	Canyon Acres Children and Family Services	00793	67,078
4	Milhous Childrens' Services, Inc.	00386	6,791
5	North Valley Schools, Inc.	00484	112,985
6		=======================================	
7	Aurora Vista Del Mar Hospital	01027	414,800
8	Beverly Health & Rehab Services, Inc Fresno Care & Guidano	00248	912,569
9	Braswell Enterprises, Inc Sierra Vista Rehabilitation Center	00279	24,270
10	California Psychiatric Transitions, Inc.	00710	295,365
11	Crestwood Behavioral Health, Inc.	00949	1,079,334
12	Fresno Community Hospital and Medical Center	00247	100,714
	Fred Finch Youth Center	00113	8,832
	Golden State Health Centers, Inc Sylmar Health & Rehabilitat	00566	771,681
		00853	523,873
	Merced Manor, Inc Merced Behavioral Health Center	00230	399,494
	Porterville Halfway House, Inc PAAR Center	01103	209,408
18	Telecare Corporation - Garfield Neurobehavioral Center	00108	71,898
19	Victor Treatment Centers, Inc.	00118	109,415
20	White Memorial Medical Center		1,900
	HV Group Home, Inc	01273	5,927
	Seneca Residential and Day Treatment	00115	8,820
23	Agape Group Homes, Inc.		6,477
	Genesis Family Center		5,468
	Bayless Scott (FFS Inpatient)		463
26			
42			
43			
44			
45			
46			
47			
48			
49			
50			
	Total Payments to Contract Providers		16,376,304

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

ALLOCATION OF COSTS TO MODES OF SERVICE

MH 1964 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County: Tulare County Code: 54

	Legal Entity: TULARE COUNTY	Α
Le	gal Entity Number: 00054	Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	14,558,336
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3_	Other 24 Hour Services (Mode 05-All Other SFC)	788,050
4	Day Services (Mode 10)	
5	Outpatient Services (Mode 15 Program 1 + Program 2)	13,008,639
6	Outreach Services (Mode 45)	
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	761,647
9	Total - Lines 2 through 8	14,558,336

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 7/05)

PAGE 1 OF 1 FISCAL YEAR 2004 - 2005

County: Tulare County Code: 54

CR

	County Code: 54		,	CK					
	Legal Entity: TULARE COUNTY		Α	В	С	D	E	F	G
Leg	al Entity Number: 00054	O# 0FC:	1 Maria 7	Service	Service	Service	Service	Service	Service
	Mode: 05 - Other 24 Hour Services (All	Mode Total	Function	Function	Function	Function	Function	Function	
	Allocation Percentage		100 00%	65 100.00%				-	
'	Total Units		100 00 %	1,329					_
3	Gross Cost		788,050	788,050					
	er a fact y transmistrativity facts fra ta fact a transmistrativity fra fact a fact a fra fra fra fra fra fra f	. rununun, langa kanananananan	700,000	and the second	<u></u>				
4	Cost per Unit			592.96					
5	SMA per Unit			138.94					
6 7	Published Charge per Unit			159 78					
/	Negotiated Rate / Cost per Unit	reasoning to the testing of the arrest testing to the control of the control of the first testing of the control of							
8	Medi-Cat Units	07/01/04 - 09/30/04							
8A		10/01/04 - 06/30/05							
9	Medicare/Medi-Cal Crossover Units	07/01/04 - 09/30/04							
9A		10/01/04 - 06/30/05	iggajajajinja						
10	Enhanced SD/MC (Children) Units	07/01/04 - 09/30/04							
10A		10/01/04 - 06/30/05					ļ		
	Enhanced SD/MC (Refugees) Units	07/01/04 - 06/30/05							
11	Healthy Families (SED) Units	07/01/04 - 09/30/04	[1] [1] (1] (1] [1] [1]				1	1	
11A		10/01/04 - 06/30/05					<u> </u>		
12	Non-Medi-Cal Units			1,329			<u> </u>		
13	Medi-Cal Costs	07/01/04 - 09/30/04							
13A		10/01/04 - 06/30/05							
14	Medi-Cal SMA Upper Limits	07/01/04 - 09/30/04							
14A	modi-oai own opper cimits	10/01/04 - 06/30/05							
15	Medi-Cal Published Charges	07/01/04 - 09/30/04							
15A		10/01/04 - 06/30/05							
16	Medi-Cal Negotiated Rates	07/01/04 - 09/30/04							
16A		10/01/04 - 06/30/05	<u> </u>						
17	Madiana Madi Cal Casasa Casta	07/01/04 - 09/30/04							
17A	Medicare/Medi-Cal Crossover Costs	10/01/04 - 06/30/05							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/04 - 09/30/04							
18A	Medicare/Medi-Cai Crossover SMA Upper Limits	10/01/04 - 06/30/05							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/04 - 09/30/04							
19A	Triedicare/riedi-dai drossover i abrished dharges	10/01/04 - 06/30/05							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/04 - 09/30/04							
20A		10/01/04 - 06/30/05	1						
21		07/01/04 - 09/30/04							· · · · ·
21A	Enhanced SD/MC Costs	10/01/04 - 06/30/05							
22	February CDAAC CMA Harris 11-11-	07/01/04 - 09/30/04	 						
22A	Enhanced SD/MC SMA Upper Limits	10/01/04 - 06/30/05							
23	Enhanced CDMC Bublished Charact	07/01/04 - 09/30/04				1			
23A	Enhanced SD/MC Published Charges	10/01/04 - 06/30/05	T						
24	Enhanced SDMC Nagotrated Pates	07/01/04 - 09/30/04							
24A	Enhanced SD/MC Negotiated Rates	10/01/04 - 06/30/05							
25	Enhanced SD/MC (Refugees) Costs	07/01/04 - 06/30/05	1 111			1	1		
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/04 - 06/30/05	+			1		 	
27	Enhanced SD/MC (Refugees) Published Charges		 			 		1	
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/04 - 06/30/05	1				1	1	
							 	 	
29	Healthy Families Costs	07/01/04 - 09/30/04	 			-	1		
29A	·	10/01/04 - 06/30/05	-						-
30	Healthy Families SMA Upper Limits	07/01/04 - 09/30/04	-					}	
30A		10/01/04 - 06/30/05		-		-	ļ	<u> </u>	<u> </u>
31	Haalthy Families Published Charges	07/01/04 - 09/30/04	1						
31A		10/01/04 - 06/30/05	1	<u> </u>		 		-	
32	Healthy Families Negotiated Rates	07/01/04 - 09/30/04	+			 		<u> </u>	
32A	<u> </u>	10/01/04 - 06/30/05				\vdash			<u> </u>
33	Non-Medi-Cal Costs		788,050	788,050					

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE **FUNCTIONS - MODE TOTAL**

MH 1966 (Rev. 7/05)

PAGE 1 OF 1 FISCAL YEAR 2004 - 2005

County: Tulare

	County Code: 54			MHS					
	Legal Entity: TULARE COUNTY		Α ;	В	Ċ	D	E	F	G
Leg	al Entity Number: 00054			Service	Service	Service	Service	Service	Service
	Mode: 10 - Day Services		Mode Total	Function	Function	Function	Function	Function	Function
4	Allocation Percentage		94					-	
	Total Units		Ruthara, F	506,580				_	
	Gross Cost			47,685					
4	Cost per Unit	Tata atatatata ata ata a la		0 09	<u> </u>				
5	SMA per Unit		District Strategy	78 64				-	
6	Published Charge per Unit	_	idisan Princip						
7	Negotiated Rate / Cost per Unit				· · · · · · · · · · · · · · · · · · ·				
8	Col Haite 07/01/04 - 09/30/04								
8A	Middle Car Crinis	10/01/04 - 06/30/05							
9	Medicare/Medi-Cal Crossover Units	07/01/04 - 09/30/04							
9A 10		10/01/04 - 06/30/05 07/01/04 - 09/30/04							
10A	Enhanced SD/MC (Children) Units	10/01/04 - 06/30/05							
	Enhanced SD/MC (Refugees) Units	07/01/04 - 06/30/05							
11	Healthy Families (SED) Units 07/01/0								
11A	, ,	10/01/04 - 06/30/05							
12	Non-Medi-Cal Units			506,580				<u> </u>	
13	Medi-Cal Costs	07/01/04 - 09/30/04							
13A		10/01/04 - 06/30/05							
14	Medi-Cal SMA Upper Limits	07/01/04 - 09/30/04							
14A 15		10/01/04 - 06/30/05 07/01/04 - 09/30/04	į.						
15A	Medi-Cal Published Charges	10/01/04 - 06/30/05	- '						
16	Mad Cal Navada a Baha	07/01/04 - 09/30/04	;						
16A	Medi-Cal Negotiated Rates	10/01/04 - 06/30/05	í						
17		07/01/04 - 09/30/04							· · · · · · · · · · · · · · · · · · ·
17A	Medicare/Medi-Cal Crossover Costs	10/01/04 - 06/30/05					1		
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/04 - 09/30/04							
18A		10/01/04 - 06/30/05							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/04 - 09/30/04 10/01/04 - 06/30/05					-		
19A 20		07/01/04 - 09/30/04							
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/04 - 06/30/05			_				
21	<u>ra un entán en en ententan en ententententententen en entententen en entententen en entententen en ententente</u>	07/01/04 - 09/30/04			1 18 1 18 1 18 1 1 1 1 1 1 1 1 1 1 1 1				
21A	Enhanced SD/MC Costs	10/01/04 - 06/30/05	+ +	_		<u> </u>	 	_	
22	February SDAIG SMALL Clarks	07/01/04 - 09/30/04				1		1	
22A	Enhanced SD/MC SMA Upper Limits	10/01/04 - 06/30/05		_					
23	Enhanced SD/MC Published Charges	07/01/04 - 09/30/04	4						
23A		10/01/04 - 06/30/05	1				Ļ		
24	Enhanced SD/MC Negotiated Rates	07/01/04 - 09/30/04 10/01/04 - 06/30/05	-		1		 	 	
24A		and the same of th	 			-			
25	Enhanced SD/MC (Refugees) Costs	07/01/04 - 06/30/05	1			-		ļ	
26 27	Enhanced SD/MC (Refugees) SMA Upper Limits Enhanced SD/MC (Refugees) Published Charges	07/01/04 - 06/30/05 07/01/04 - 06/30/05	 -					 	
28	Enhanced SD/MC (Refugees) Regotiated Rates	07/01/04 - 06/30/05	 			 		 	
			 			 	 	 	
29 29A	Healthy Families Costs	07/01/04 - 09/30/04	 			 		 	
30		07/01/04 - 09/30/04	 					 	
30A	Healthy Families SMA Upper Limits	10/01/04 - 06/30/05	 			†		<u> </u>	
31	Healthy Families Published Charges	07/01/04 - 09/30/04							
31A	readity retitiles rubiished Charges	10/01/04 - 06/30/05							
32	Healthy Families Negotiated Rates	07/01/04 - 09/30/04	<u> </u>			-		-	
32A	any for the form of a finite form, or a finite for the finite form of the form of a finite form of the finite form.	10/01/04 - 06/30/05							
33	Non-Medi-Cal Costs		47,685	47,685				<u> </u>	

ALLOCATION OF COSTS TO SERVICE **FUNCTIONS - MODE TOTAL**

MH 1966 (Rev. 7/05)

PAGE 1 OF 2 FISCAL YEAR 2004 - 2005

County: Tulare County Code: 54			CR	CR	CR	CR	CR	CR
Legal Entity: TULARE COUNTY		A	В	c	D	E	F	G
Legal Entity Number: 00054			Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient Services (Progra	m 1)	Mode Total	Function	Function	Function	Function	Function	Function
			02	03	10	11	12	36
Allocation Percentage		100.00%	14.91%	14.75%	34.38%	1 13%	4 36%	6.149
? Total Units			1,256,272	455,530	2,068,694	319,518	287,329	104,025
Gross Cost	and the second	12,611,409	1,880,703	1,860,560	4,335,274	141,981	549,829	774,185
Cost per Unit			1.50	4.08	2.10	0.44	1.91	7 44
SMA per Unit			1.89	1.89	2.44	2 44	2.44	2 44
Published Charge per Unit			2.17	2.17	2.81	2.81	2.81	2 81
Negotiated Rate / Cost per Unit		periods specific	1				.,	
3	07/01/04 - 09/30/04	Hart ada, statistical	250,257		402,854			
Medi-Cal Units	10/01/04 - 06/30/05	Birthaller State	716,536		1,103,960			
	07/01/04 - 09/30/04	Total Print State and			10,441		i	
Medicare/Medi-Cal Crossover Units	10/01/04 - 06/30/05	Received and the second			15,054		•	
10	07/01/04 - 09/30/04		450		593	_		
Enhanced SD/MC (Children) Units	10/01/04 - 06/30/05		245		1,255	-		
10B Enhanced SD/MC (Refugees) Units	07/01/04 - 06/30/05	land the state of				-		
(1)	07/01/04 - 09/30/04		1,855	-	4,645			
Healthy Families (SED) Units	10/01/04 - 06/30/05	指導的主持	6,838		17,469		1	
12 Non-Medi-Cal Units	1 . 2.0		280,091	455,530	512,423	319,518	287,329	104.025
atan pakatahahaha <mark>ngganangganan k</mark> alahahahahahahahahahaganahan lahalahah	Lamerica							
Medi-Cal Costs	07/01/04 - 09/30/04	1,764,563	374,647		844,244			
13A	10/01/04 - 06/30/05	4,860,205	1,072.691		2.313,522			
Medi-Cal SMA Upper Limits	07/01/04 - 09/30/04	2,144,107	472,986		982.964			
14A	10/01/04 - 06/30/05	5,899,215	1,354,253	_	2,693,662			
Medi-Cal Published Charges	07/01/04 - 09/30/04	2,466,888	543.058		1,132,020			
15A	10/01/04 - 06/30/05	6,787,116	1,554,883		3,102,128			
Medi-Cal Negotiated Rates	07/01/04 - 09/30/04							
16A	10/01/04 - 06/30/05							
17	07/01/04 - 09/30/04	88,320			21.881	•••••		
Medicare/Medi-Cal Crossover Costs	10/01/04 - 06/30/05	201,002			31,548			
10	07/01/04 - 09/30/04	111,459			25,476			_
Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/04 - 06/30/05	255,570			36,732			
19	07/01/04 - 09/30/04	128,287			29,339			
Medicare/Medi-Cal Crossover Published Charges	10/01/04 - 06/30/05	294,133			42,302			
20	07/01/04 - 09/30/04		_					
Medicare/Medi-Cal Crossover Negotiated Rates	10/01/04 - 06/30/05							_
<u>ana alifana kananan da bahara da mata bahij</u> aan, akakan ahara manan ahara da ba <u>ha baha baha ba</u> akak	atatatata atatata	0.040	674		1 242	1,000 1,000 1,000		
Enhanced SD/MC Costs	07/01/04 - 09/30/04	2,648	674		1,243			
<u></u>	10/01/04 - 06/30/05	3,148	367		2,630			
Enhanced SD/MC SMA Upper Limits	07/01/04 - 09/30/04	3.245	851	<u> </u>	1,447			_
22A Enhanced Objetto State Opper Enhanced	10/01/04 - 06/30/05	3,670	463		3,062			
Enhanced SD/MC Published Charges	07/01/04 - 09/30/04	3,733	977		1,666		_	
23A	10/01/04 - 06/30/05	4,225	532		3,527			
Enhanced SD/MC Negotiated Rates	07/01/04 - 09/30/04				ļ			
24A	10/01/04 - 06/30/05							
25 Enhanced SD/MC (Refugees) Costs	07/01/04 - 06/30/05							
26 Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/04 - 06/30/05							
27 Enhanced SD/MC (Refugees) Published Charges	07/01/04 - 06/30/05							
28 Enhanced SD/MC (Refugees) Negotiated Rates	07/01/04 - 06/30/05							
29	07/01/04 00/20/04	15 400	2.777		0.724	1.14.4.17.1		
	07/01/04 - 09/30/04	15,436			9,734			
<u></u>	10/01/04 - 06/30/05	61,208	10,237		36,609 11,334			
Healthy Families SMA Upper Limits	07/01/04 - 09/30/04	18,265	3,506					
30A	10/01/04 - 06/30/05	73,895	12.924		42,624			
Healthy Families Published Charges	07/01/04 - 09/30/04	21,017	4.025		13.052			
31A	10/01/04 - 06/30/05	85,038	14,838		49,088			
Healthy Families Negotiated Rates	07/01/04 - 09/30/04							
32A Treditity Farmines Hogothated Hates	10/01/04 - 06/30/05							
33 Non-Medi-Cal Costs	· · · · · · · · · · · · · · · · · · ·	5,614,878	419,311	1,860,560	1.073.863	141,981	549.829	774,18

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 7/05)

PAGE 2 OF 2 FISCAL YEAR 2004 - 2005

County: Tulare CR CR CR County Code: 54 Legal Entity: TULARE COUNTY Н Service Service Service Service Service Legal Entity Number: 00054 Service Service Mode: 15 - Outpatient Services (Program 1) **Function** Function Function Function Function Function Function 60 61 70 Allocation Percentage 20.01% 1,14% 3.18% Total Units 105,959 724,259 252,096 3 Gross Cost 2,523,971 144,154 400.751 Cost per Unit 0.57 3.78 3.48 SMA per Unit 4.51 4.51 3.63 Published Charge per Unit 5.19 4.17 5.19 Negotiated Rate / Cost per Unit 07/01/04 - 09/30/04 141,112 14,254 Medi-Cal Units 8A 10/01/04 - 06/30/05 374,673 44,497 9 07/01/04 - 09/30/04 19,065 Medicare/Medi-Cal Crossover Units 364 9A 10/01/04 - 06/30/05 48,230 10 07/01/04 - 09/30/04 210 Enhanced SD/MC (Children) Units 10/01/04 - 06/30/05 40 10B Enhanced SD/MC (Refugees) Units 07/01/04 - 06/30/05 11 07/01/04 - 09/30/04 530 285 Healthy Families (SED) Units 10/01/04 - 06/30/05 3,91\$ 190 12 Non-Medi-Cal Units 252,096 46,329 136,524 13 07/01/04 - 09/30/04 491,761 53,911 Medi-Cal Costs 13A 10/01/04 - 06/30/05 1,305,69\$ 168,294 07/01/04 - 09/30/04 14 51.742 636,415 Medi-Cal SMA Upper Limits 14A 10/01/04 - 06/30/05 1,689,775 161,524 15 07/01/04 - 09/30/04 732,371 59,439 Medi-Cal Published Charges 15A 1,944,553 185,552 10/01/04 - 06/30/05 16 07/01/04 - 09/30/04 Medi-Cal Negotiated Rates 16A 10/01/04 - 06/30/05 17 66.440 07/01/04 - 09/30/04 Medicare/Medi-Cal Crossover Costs 17A 10/01/04 - 06/30/05 168,077 1,377 18 07/01/04 - 09/30/04 85,983 Medicare/Medi-Cal Crossover SMA Upper Limits 18A 217.517 1,321 10/01/04 - 06/30/05 19 07/01/04 - 09/30/04 98,947 Medicare/Medi-Cal Crossover Published Charge 19A 10/01/04 - 06/30/05 250,314 1,518 20 07/01/04 - 09/30/04 Medicare/Medi-Cal Crossover Negotiated Rates 20A 10/01/04 - 06/30/05 21 732 07/01/04 - 09/30/04 Enhanced SD/MC Costs 21A 10/01/04 - 06/30/05 151 22 07/01/04 - 09/30/04 947 Enhanced SD/MC SMA Upper Limits 22A 10/01/04 - 06/30/05 145 07/01/04 - 09/30/04 23 1,090 Enhanced SD/MC Published Charges 23A 24 167 10/01/04 - 06/30/05 07/01/04 - 09/30/04 Enhanced SD/MC Negotiated Rates 24A 10/01/04 - 06/30/05 25 Enhanced SD/MC (Refugees) Costs 07/01/04 - 06/30/05 26 Enhanced SD/MC (Refugees) SMA Upper Limits 07/01/04 - 06/30/05 27 Enhanced SD/MC (Refugees) Published Charges 07/01/04 - 06/30/05 28 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/04 - 06/30/05 29 29A 07/01/04 - 09/30/04 1,847 1.078 Healthy Families Costs 10/01/04 - 06/30/05 13,643 719 30 07/01/04 - 09/30/04 2.390 1 035 Healthy Families SMA Upper Limits 30A 10/01/04 - 06/30/05 17.657 690 31 07/01/04 - 09/30/04 2,751 1,188 Healthy Families Published Charges 31A 10/01/04 - 06/30/05 792 20,319 32 07/01/04 - 09/30/04 Healthy Families Negotiated Rates 32A 10/01/04 - 06/30/05 33 Non-Medi-Cal Costs 475,773 144,154 175.222

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE **FUNCTIONS - MODE TOTAL**

MH 1966 (Rev. 7/05)

PAGE 1 OF 1. FISCAL YEAR 2004 - 2005

County: Tulare County Code: 54 MHS ASO TBS MHS ASO Legal Entity: TULARE COUNTY n R Legal Entity Number: 00054 Service Service Service Service Service Service Mode: 15 - Outpatient Services (Program 2) Mode Total Function Function Function Function Function Euroction 14 58 64 65 Allocation Percentage 21 16% 52 11% 88 00% 4.62% 9 04% Total Units 32,955 59,295 1,335 4,280 18,805 3 Gross Cost 18.345 35,895 84,056 4,257 397,230 206,992 Cost per Unit 4 29 1.09 1.42 11 01 3 19 SMA per Unit 2.44 2.44 4 51 2.44 4 51 Published Charge per Unit Negotiated Rate / Cost per Unit 07/01/04 - 09/30/04 7,350 7,020 4.035 Medi-Cal Units 2.315 25,605 52,275 9,590 1,050 10/01/04 - 06/30/05 07/01/04 - 09/30/04 Medicare/Medi-Cal Crossover Units 10/01/04 - 06/30/05 65 07/01/04 - 09/30/04 Enhanced SD/MC Units 10Δ 10/01/04 - 06/30/05 10B Enhanced SD/MC (Refugees) Units 07/01/04 - 06/30/05 07/01/04 - 09/30/04 Healthy Families (SED) Units 10/01/04 - 06/30/05 12 Non-Medi-Cal Units 1,275 5.115 150 13 07/01/04 - 09/30/04 65.760 2.957 8,006 9,951 44,414 430 Medi-Cal Costs 13A 10/01/04 - 06/30/05 220,824 9,923 27,889 74,105 105,560 3,348 17 934 14 07/01/04 - 09/30/04 55.553 1.684 17 129 18 198 609 Medi-Cal SMA Upper Limits 10/01/04 - 06/30/05 243,662 5.649 62,476 127,551 43,251 4,736 07/01/04 - 09/30/04 Medi-Cal Published Charges 10/01/04 - 06/30/05 16 07/01/04 - 09/30/04 Medi-Cal Negotiated Rates 16A 10/01/04 - 06/30/05 07/01/04 - 09/30/04 Medicare/Medi-Cal Crossover Costs 715 17A 10/01/04 - 06/30/05 715 07/01/04 - 09/30/04 18 Medicare/Medi-Cal Crossover SMA Upper Limits 293 18A 10/01/04 - 06/30/05 293 07/01/04 - 09/30/04 Medicare/Medi-Cal Crossover Published Charge: 10/01/04 - 06/30/05 07/01/04 - 09/30/04 Medicare/Medi-Cal Crossover Negotiated Rates 10/01/04 - 06/30/05 07/01/04 - 09/30/04 Enhanced SD/MC Costs 10/01/04 - 06/30/05 07/01/04 - 09/30/04 Enhanced SD/MC SMA Upper Limits 10/01/04 - 06/30/05 07/01/04 - 09/30/04 Enhanced SD/MC Published Charges 10/01/04 - 06/30/05 24 07/01/04 - 09/30/04 Enhanced SD/MC Negotiated Rates 10/01/04 - 06/30/05 25 Enhanced SD/MC (Refugees) Costs 07/01/04 - 06/30/05 Enhanced SD/MC (Refugees) SMA Upper Limits 07/01/04 - 06/30/05
 26
 Enhanced SD/MC (Refugees) SMA Upper Limits
 07/01/04 - 06/30/05

 27
 Enhanced SD/MC (Refugees) Published Charges
 07/01/04 - 06/30/05
 28 Enhanced SD/MC (Refugees) Negotiated Rates 07/01/04 - 06/30/05 07/01/04 - 09/30/04 Healthy Families Costs 29A 10/01/04 - 06/30/05 30 07/01/04 - 09/30/04 Healthy Families SMA Upper Limits 10/01/04 - 06/30/05 07/01/04 - 09/30/04 Healthy Families Published Charges 10/01/04 - 06/30/05 07/01/04 - 09/30/04 Healthy Families Negotiated Rates 10/01/04 - 06/30/05 33 Non-Medi-Cal Costs 62,246 56,302

5,465

(0)

478

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 7/05)

PAGE 1 OF 1

FISCAL YEAR 2004 - 2005

County: Tulare County Code: 54

CR

CR

CR

	County Code: 54	1	O1 (0.1	U . \			
	Legal Entity: TULARE COUNTY	A	В	C	D	E	F	G
L	egal Entity Number: 00054	1:	Service	Service	Service	Service	Service	Service
	Mode: 60 - Support Services	Mode Total	Function	Function	Function	Function	Function	Function
	· · · · · · · · · · · · · · · · · · ·]	20	30	40			
1	Allocation Percentage	100.00%	4.12%	0.08%	95.80%			
2	Total Units		45,170	390	11,838		,	
3	Gross Cost	761,647	31,412	602	729,633			
4	Cost per Unit		0.70	1.54	61.63			
5	Non-Medi-Cal Units (Same as Line 2)		45,170	390	11,838			
6	Non-Medi-Cal Costs (Same as Line 3)	761,647	31,412	602	729,633			

DETAIL COST REPORT

DETERMINATION OF SD/MC DIRECT SERVICES AND MAA REIMBURSEMENT

MH 1968 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County: Tulare County Code: 54 REIMBURSEMENT TYPE PC Costs Costs Legal Entity TULARE COUNTY Legal Entity Number: 00054 Tatal Total Total Outpatient Outpatient Made 55 Total Inpatien (Car I - Car J Mode 05 Mode 15 Exclude Mode 05 Outpatient Program (2) Outpatient Hospital S F 's 11-19 Inpatient Other 24 Hou 14a4a 10 F----Cannas S F's 21-29 S F 's 01-00 Day Services 31,39 Services Services Program (1) Program (2) 1 764 563 65 760 220 824 07/01/04 - 09/30/04 1 764 563 1 830 323 Medi-Cal Costs 4.850.205 07/01/04 - 09/30/04 2,144,107 2,144 107 55 553 2 199 660 Medi-Cal SMA 6 142 877 10/01/04 - 06/30/05 5,899,215 5,899.215 243 662 07/01/04 - 09/30/04 2 466 888 2 466 BRR 2 466 888 Medi-Cal P. C. 10/01/04 - 06/30/05 6.787 116 6 787 116 6 787 116 Medical N. R. 10/01/04 - 06/30/05 07/01/04 - 09/30/04 1.764.563 1 764 563 65,760 220,824 1 830 323 Medi-Cal Gross Reimbursement 10/01/04 - 06/30/05 4 860 205 5 081 029 4 860 205 107/01/04 - 09/30/04 88.320 88 720 88 220 Madicare/Medi-Cal Crossover Cost 715 201 717 10/01/04 - 06/30/05 201.002 201.002 07/01/04 - 09/30/04 Madicare/Madi-Cal Cressoust SMA 255.570 255.570 293 255 864 07/01/04 - 09/30/04 128.287 128.287 128 287 Medicare/Medi-Cal Crossover P. C. 10/01/04 - 05/30/05 294,133 294.133 294 133 07/01/04 - 09/30/04 Medicare/Medi-Cal Crossover N. R. 10/01/04 - 06/30/05 07/01/04 - 09/30/04 88,320 88,320 201,717 88.320 Medicare/Medi-Cal Crossover Gross Reim 715 10/01/04 - 06/30/05 201,002 201,002 07/01/04 - 09/30/04 11 1,852,884 1,852,884 65 760 221,540 1 918 643 Total SD/MC + Crossover Gross Reim 10/01/04 - 06/30/05 5,061,206 5.061.206 5.282.746 07/01/04 - 09/30/04 10/01/04 - 06/30/05 2 648 2,648 Enhanced SD/MC (Children) Cost 3 148 3.245 3 670 3 733 3 148 3 148 3.245 3.670 3.733 7/01/04 - 09/30/04 3.245 Enhanced SD/MC (Children) SMA 0/01/04 - 06/30/05 3 670 07/01/04 - 09/30/0 Enhanced SD/MC (Children) P. C. 10/01/04 - 06/30/05 4.225 4 225 4,225 07/01/04 - 09/30/04 Enhanced SD/MC (Children) N. R. 07/01/04 - 09/30/04 2.648 2.648 2 648 Enhanced SD/MC (Children) Gross Reim 10/01/04 - 06/30/05 3 148 3.148 3 148 17 Enhanced SD/MC (Refugees) Cost 07/01/04 - 06/30/05 18 Enhanced SD/MC (Refugees) SMA 07/01/04 - 06/30/05 19 Enhanced SD/MC (Refugees) P. C. 07/01/04 - 06/30/05 20 Enhanced SD/MC (Refugees) N. R. 07/01/04 - 06/30/05 21 Total Medi-Cal Gross Reimbursement 107/01/04 - 09/30/04 1 921 292 1,855,532 1 855 532 65.760 21A (Excludes Refugees)
22 Enhanced SDMC (Refugees) Gross Reim 10/01/04 - 06/30/05 5,285,894 5.064.355 5.064.355 221,540 07/01/04 - 06/30/05 07/01/04 - 09/30/04 15 436 15 436 15 436 Healthy Families Cost 10/01/04 - 06/30/05 61 208 61.208 61,208 07/01/04 - 09/30/04 18.265 73.895 18 265 24 Healthy Families SMA 10/01/04 - 06/30/05 73.895 73 895 07/01/04 - 09/30/04 21,017 21.017 21 017 Healthy Families P. C. 10/01/04 - 06/30/05 85 038 85 038 07/01/04 - 09/30/04 Healthy Families N. R. 10/01/04 - 06/30/05 07/01/04 - 09/30/04 10/01/04 - 06/30/05 15,436 15 436 Healthy Families Gross Reim 61,208 61.208 61 208 Less: Patient and Other Payor Revenue 07/01/04 - 09/30/04 23 942 23,942 23.942 SD/MC + Crossover Revenue 44,979 44 979 44 979 Enhanced SD/MC (Children) Revenue Enhanced SD/MC (Refugees) Revenue Healthy Families Revenue Total Expenditures from MAA (Mode 55) Medi-Cal Eligibility Factor (Average)
Revenue - MAA 07/01/04 - 09/30/04 65,760 1,831,590 1.831 590 1 897 350 Net Due - SD/MC for Direct Services 10/01/04 - 06/30/05 5 019,376 221,540 5 240 915 36 Net Due - Enhanced SD/MC (Refugees) 07/01/04 - 09/30/04 15 436 15 436 Net Due - Healthy Families 10/01/04 - 06/30/05 61,208 61,208 61 208 Amount Negotiated Rates Exceed Costs 07/01/04 - 09/30/0-SD/MC (includes Children) 10/01/04 - 06/30/05 Enhanced SD/MC (Refugees) 07/01/04 - 09/30/04 Healthy Families 10/01/04 - 06/30/05

SD/MC PRELIMINARY DESK SETTLEMENT

MH 1979 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County: Tulare County Code: 54

Legal Entity: TULARE COUNTY		A	В	С	D	Ε	F	G	Н	1	j_
Legal Entity Number: 00054		Total	Total	Total		50.00%	50.00%	50.00%	Variable %	75.00%	Total
		MAA	Inpatient	Outpatient	Total	FFP	FFP	FFP	FFP	FFP	FFP
SD/MC Administrative Reimbursement (County							I				
1 County SD/MC Direct Service Gross Reimburse				7,207,186	7,207,186		<u> </u>				
2 Contract Providers Medi-Cal Direct Service Gros			1,659,580	9,260,195	10,919,775						
3 Total Medi-Cal Direct Service Gross Reimburse	ment				18,126,961						
4 Medi-Cal Administrative Reimbursement Limit					2,719,044						
5 Medi-Cal Administration					2,726,816						
6 Medi-Cal Administrative Reimbursement					2,719,044	1,359,522					1,359,522
Healthy Families Administrative Reimbursement	(County Only)										
7 County Healthy Families Direct Service Gross R	eimbursement			76,644	76,644	Charles Indiana					
7A Contract Providers Healthy Families Direct Servi				735,089	735,089						
7B Total Healthy Families Direct Service Gross Rein	mbursement				811,733						
8 Healthy Families Administrative Reimbursement	Limit				81,173						
9 Healthy Families Administration					121,279						
10 Healthy Families Administrative Reimbursement					81,173				52,763		52.76
SD/MC Net Reimbursement for MAA	<u>dalar dalak dalah perdakatak dalah perde</u> ''										
11 Medi-Cal Admin. Activities Svc Functions 01 - 09	9	<u> </u>									
12 Medi-Cal Admin. Activities Svc Functions 11 - 1											
13 Medi-Cal Admin. Activities Svc Functions 21 - 29	9 (County Only)										
14 Utilization Review-Skilled Prof: Med. Personnel ((County Only)				186,908		1			140 181	140 18
15 Other SD/MC Utilization Review (County Only)	County Chiy)				57.115	28,558	 	 -		140,161	28 55
			10.00		er a grand and the	argin e e e e e e e e e e e e e e e e e e e	 	<u> </u>			
SD/MC Net Reimbursement for Direct Services	07/01/04 - 09/30/04			1.894,701	1,894,701		947.351				947,35
16A	10/01/04 - 06/30/05			5,237,767	5.237,767	1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	<u> </u>	2,618,884			2,618 884
Enhanced SD/MC Net Reimb. (Children)	07/01/04 - 09/30/04			2,648	2,648	11111	<u> </u>		1.721		1 72
1/A	10/01/04 - 06/30/05			3,148	3,148		<u> </u>		2.046	_ 	2,04
18 Enhanced SD/MC Net Reimb. (Refugees)						<u> , ett selet, josen</u>			ļ		
19 Total SD/MC Reimbursement Before Excess FF							1				5,098.263
20 Amount Negotiated Rates Exceed Costs - SD/M	C & Enh. SD/MC										
21_ Total SD/MC Reimbursement (FFP)				44.1.1.2		didition to be a	1				5,098.263
22 Contract Limitation Adjustment						f 1 to 141, e.g.	10 10 10 10 10				
23 Adjusted Total SD/MC Reimbursement (FFP)											5,098,263
24 Harris Familia Not Baimburget	07/01/04 - 09/30/04		91991	15,436	15,436				10.034		10.034
Healthy Families Net Reimbursement	10/01/04 - 06/30/05			61,208	61,208				39.785		39.785
25 Total Healthy Families Reimbursement Before E				01,208	01,208	Production Control of the	1		37,763		102 581
26 Amount Negotiated Rates Exceed Costs - Health				1 101 - 101 <u>- 11 - 1</u>			 				1972-201
27 Total Healthy Families Reimbursement	.,	 	991 1 To 1611 - TT	STREET, ST. SALL			1	-			102 581
2		<u> Partir (r. (r. (r. (r. (r. (r. (r. (r. (r. (r</u>		<u>tar ata batasi</u>		1 1945 1 14	<u> </u>	L			107 261

1. COMMENT: GROUP THERAPY UNITS

During the audit, the County provided Audits Branch with detailed documentation disclosing that group therapy total unit counts were over reported in the settled cost report. The total units of service/ time for group therapy session are the time spent by the therapist during each therapy session. However, the County multiplied the group session's time by the number of clients, rather than dividing total group unit of time by the number of clients in attendance during the therapy session. The error resulted in understatement of program cost per unit and underpayment of Federal Financial Participation (FFP) for the period as well as EPSDT State General Fund (SGF).

Audit Authority

- 1. Center for Medicare and Medicaid Services (CMS) Pub. 15-1, Section 2300
- 2. 42 Code of Federal Regulations (CFR), Section 413.24

Recommendation

We recommend that the County should exercise due care when gathering information to be used in preparing year-end cost reports to avoid either underpayment or overpayment of program services.

Auditee Response

Starting with the FY 08/09 cost report, we will verify that the group units of time are reported correctly prior to completion of the cost report.

2. COMMENT: BILLED SD/MC UNITS

Our examination disclosed that the County reported billed units for the settled cost report. The County settled cost report should be based on approved unit of service and not billed Short-Doyle/Medi-Cal (SD/MC) unit.

Audit Authority

Center for the Medicare and Medicaid Services (CMS) Pub. 15-1, Section 2300

Recommendation

We recommend that the County should report approved unit of service in the cost report to avoid overpayment of FFP since billed units may contain other variables such as denied units and/or voided units.

Auditee Response

Starting with the FY 08/09 cost report we will make sure that we use the approved SD/MC units of time instead of the billed units of time.

3. COMMENT: NON-CERTIFIED PROVIDER

Our examination disclosed that Turning Point of Central California, Inc., legal entity number 00406 and provider number 5463, was not a certified Medi-Cal provider of outpatient service Crisis Intervention at the time services were provided to mental health clients.

Audit Authority

Title 9 Division 1, California Code of Regulations (CCR), Section 1840.435(c)

Recommendation

We recommend that the county must ensure Medi-Cal Providers meet all the service requirements before billing as Medi-Cal provider.

Auditee Response

Starting with the FY 08/09 cost report, we will ensure Medi-Cal Providers meet all the service requirements before billing as a Medi- Cal provider.

4. COMMENT: EPSDT DISALLOWED UNIT (DCS)

Our examination disclosed that the county did not utilize the Disallowed Claim System (DCS) to disallow and to reimburse the State for services that were incorrectly billed as Medi-Cal service. However, the county maintains an internal process to track units that should not have been billed as Medi-Cal.

Audit Authority

DMH Information Notice: 05-01, dated January 28, 2005

Recommendation

We recommend that the County utilize the Disallow Claims System (DCS) to disallow approved claims that should not have been billed to Medi-Cal. This will ensure that amount incorrectly paid to the County is returned to the state.

Auditee Response

Starting with the FY 06/07 cost report, we have utilized the Disallow Claims System (DCS) to disallow approved claims that should not have been billed to Medi-Cal.

5. COMMENT: NON SUBMISSION OF COST REPORT

Our examination disclosed that Seneca Center (Le# 00115), Devereux Residential (LE# 00472), and H.V. Group Home (Le# 01273) did not submit cost reports for settlement. DMH Letter No:05-09 dated October 26, 2005, requires counties to submit a completed county cost report package that includes a separate detailed cost report for each county and contract legal entity with a county summary cost report.

Audit Authority

- 1. Center for Medicare and Medicaid Services (CMS) Pub. 15-1, Section 2300
- 2. 42 Code of Federal Regulations, Section 413.20(b)/413.24(f)
- 3. Welfare and Institution Code (WIC) 5718(c)

Recommendation

We recommend that the County should exercise due care to ensure it is in compliance with federal and state regulations which require that annual cost reports for all services provided must be submitted in order to receive reimbursement.

Auditee Response

Starting with the FY 08/09 cost report, we will exercise due care to ensure it is in compliance with federal and state regulations which require annual cost reports for all services provided.

6. <u>COMMENT</u>: <u>SALARIES AND BENEFITS</u>

During the audit, the County disclosed that employees' salaries and benefits were erroneously charged to the wrong cost center. They became aware of this error during a review of the cost report and how employees charged their time. Their finding shows that employees were not charging their time to the proper cost center (org) according to the service they provided. Salaries and benefits were then reclassified to the proper cost centers for proper cost finding.

Audit Authority

- 1. Center for Medicare and Medicaid (CMS) Pub. 15-1, Section 2300
- 2. 42 Code of Federal Regulations (CFR), Section 413.24

Recommendation

We recommend that the County should exercise due care when recording transactions related to the provision of mental health services and the preparation of the annual cost report to ensure proper cost finding to eliminate the risk of over or under settlement of program costs.

Auditee Response

The accountant who prepared the FY 04/05 cost report is no longer working on the current cost reports. Starting with the FY 08/09 cost report we will verify that all employees' salaries and benefits are charged to the proper cost center prior to the completion of the cost report.

7. <u>COMMENT</u>: <u>CONTRACT AGREEMENT EFFECTIVE DATE</u>

Our examination disclosed that the County entered into a contract with Fred Finch Youth Center (Le#00113) in February 24, 2005, but the provider submitted a bill to the State in January 2005 prior to the execution of the contract with the County.

Audit Authority

SD/MC Performance contract.

Recommendation

We recommend that the County should ensure that contract agreements between mental health contract providers follow acceptable contract process that services should not commence prior to the date indicated in the executed contract.

<u>Auditee Response</u>

Starting with the FY 08/09 cost report, we will ensure that contract agreements between mental health contract providers follow the letters of the agreement and that services should not commence prior to the date indicated in the executed contract.

8. COMMENT: EPSDT STATE GENERAL FUND SETTLEMENT

The attached Schedule 4 entitled "Computation of EPSDT State Share per Audit" shows \$394,481 due to the County in State General Funds (Line 12). However, the State General fund appropriation for fiscal year 04-05 has reverted which means that there are no SGF available with which to make such a payment. Following are quotes from pertinent sections of the Government Code concerning SGF appropriations, reversions and payments:

Section 16304

"An appropriation shall be available for encumbrance during the period specified therein, or, if otherwise not limited by law, <u>for three years</u> after the date upon which it first became available for encumbrance. (Emphasis added)

Section 16304.1

"Upon the expiration of two years, or four years in the case of a fund made up of federal funds, following the last day of the period of its availability, the undisbursed balance in any appropriation shall revert to and become a part of the fund from which the appropriation was made. Subsequent to reversion any unpaid encumbrance against the appropriation may be paid from the current appropriations available for the same purpose....."